	9898		L		ΓED	For Official Use Only		
Type or machine print PAYER'S name, street address, city, state, and ZIP code		\$ 2 Taxable amount \$		OMB No. 1545-0119 1989 Statement for Recipients of	Total Distributions Fr Profit-Shari Retirement Pla Individual Retirem Arrangemer Insuran			
PAYER'S Federal identification number	RECIPIENT'S identificati	ion number	car	nount in Box 2 eli pital gain election	gible for	4 Federal income tax w	rithheld	Contracts, Etc. Copy A For Internal
Type or machine print RECIPIENT'S nam	e (first, middle, last)			nployee contribut urance premium		Net unrealized apprein employer's securit	ciation ies	Revenue Service Center For Paperwork Reduction Act
Street address				tegory of distribu	tion			Notice and instructions for completing this
City, state, and ZIP code			8 Ot		%	9 Your percentage of total distribution	%	form, see Instructions for Forms 1099.
Account number (optional)			10 Sta	ate income tax wi	thheld	11 Payer's state numbe	r	1098, 5498, 1096, and W-2G.
Form 1099-R	Do NO	OT Cut or Se		te Forms on 1		Department of the		Internal Revenue Service
Type or machine print PAYER'S name, st			1 Gr	oss distribution	ILD	•		istributions From
Type of machine print () Table of mainle, or			\$ 2 Tax	xable amount		1989 Statement for Recipients of		Profit-Sharing, Retirement Plans, vidual Retirement Arrangements, Insurance
PAYER'S Federal identification number	RECIPIENT'S identificati	ion number		nount in Box 2 eli pital gain election		4 Federal income tax w	vithheld	Contracts, Etc. Copy A
PATER 3 Federal Identification flumber	RECIFICIAL SIGNATURAL	ionnumber	\$			\$	renneid	For Internal
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City, state, and ZIP code			8 Ot	rier	%	9 Your percentage of total distribution	%_	Instructions for Forms 1099.
Account number (optional)			10 Sta	ate income tax wi	thheld	11 Payer's state numbe	r	1098, 5498, 1096, and W-2G.
Form 1099-R	00 no 8 p 8 p	OT Cut or Se	para	te Forms on		e For Official Use Only	,	Internal Revenue Service
Type or machine print PAYER'S name, st	treet address, city, state, a	and ZIP code	1	oss distribution		OMB No. 1545-0119	Total C	Vistributions From Profit-Sharing,
			\$ 2 Ta	xable amount		1989		Retirement Plans, vidual Retirement Arrangements, Insurance
				nount in Box 2 eli		Statement for Recipients of		Contracts, Etc.
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Account number (optional)				ate income tax wi		11 Payer's state numbe		Forms 1099, 1098, 5498, 1096, and W-2G.

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PAYER'S name, street address, city, state	, and ZIP code			Gross distribution		OMB No. 1545-0119	Total I	Distributions From Profit-Sharing,
			\$ 2 1	axable amount		1989		Retirement Plans,
			\$] 11903	Indi	ividual Retirement Arrangements,
			3 /	Amount in Box 2 el	ligible for	Statement for Recipients of		Insurance Contracts, Etc.
PAYER'S Federal identification number	RECIPIENT'S identification	n number	ď	apital gain electio	n	4 Federal income tax i	withheld	
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The state (mot) made, add,				nsurance premiun		ın employer's securi		
Street address			\$ 7.0	Category of distrib	ution	\$ ////////////////////////////////////		Copy 1 For State Tax
on certadaress				ategory of distribu				Department
City, state, and ZIP code				Other		9 Your percentage of total		
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Form 1099-R						Department of the	Treasury -	Internal Revenue Service
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			\$	axable amount		1989	Indi	vidual Retirement Arrangements,
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Street address			7 C	ategory of distribu	ıtion			For State Tax
City, state, and ZIP code			8 0	ther		9 Your percentage		Department
			\$		%	of total distribution	%	
Account number (optional)			10 S	tate income tax wi	ithheld	11 Payer's state numbe	r	
Form 1099-R			1-10			Department of the	Treasury -	Internal Revenue Service
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PAYER'S name, street address, city, state,	and ZIP code		1 G \$	ross distribution		OMB No. 1545-0119		Distributions From Profit-Sharing,
			2 Ta	axable amount		1989		Retirement Plans, vidual Retirement
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Street address			\$ 7 Ca	ategory of distribu	tion	\$		Copy 1 For State Tax
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City, state, and ZIP code			8 01	ther	٠,	9 Your percentage of total	%	
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			\$					

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PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution \$ 2 Taxable amount \$ 3 Amount in Box 2 eligible for		OMB No. 1545-0119 1989 Statement for Recipients of		Distributions From Profit-Sharing Retirement Plans ividual Retirement Arrangements Insurance Contracts, Etc	
PAYER'S Federal identification number	RECIPIENT'S identification number	capital gain election		4 Federal income tax	withheld		
RECIPIENT'S name (first, middle, last)		5 Employee contributionsurance premium		6 Net unrealized appr in employer's securi	eciation ities	Copy E For Recipient	
Street address		\$ 7 Category of distribu	ution	\$		This information	
City, state, and ZIP code		8 Other	%	9 Your percentage of total distribution	%	is being furnished to the Interna Revenue Service	
Account number (optional)		10 State income tax w	ithheld	11 Payer's state numbe	er		
Form 1099-R			TED (II	·	Treasury ·	Internal Revenue Service	
PAYER'S name, street address, city, stat	e, and ZIP code	CORREC	IED (If (·	Total [Distributions From Profit-Sharing,	
		2 Taxable amount		1989		Retirement Plans, vidual Retirement Arrangements,	
		3 Amount in Box 2 eli		Statement for Recipients of		Insurance Contracts, Etc.	
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Form 1099-R		14		Department of the	Treasury -	Internal Revenue Service	
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PAYER'S name, street address, city, stat	e, and ZIP code	1 Gross distribution		OMB No. 1545-0119		istributions From Profit-Sharing,	
		2 Taxable amount		1989		Retirement Plans, vidual Retirement Arrangements,	
		3 Amount in Box 2 eligonality capital gain election		Statement for Recipients of		Insurance Contracts, Etc.	
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8 Other

10 State income tax withheld

\$

City, state, and ZIP code

Account number (optional)

%

9 Your percentage of total distribution

11 Payer's state number

is being furnished

to the Internal Revenue Service.

Eligible Rollover Distribution.—If this is an eligible rollover distribution, the plan administrator is required to furnish to you an explanation of the rollover provisions of the law and, if applicable, the 5-year/10-year averaging provisions. Each of these provisions could affect the amount of tax you pay on this distribution. See Publication 575, Pension and Annuity Income, for more information about these provisions.

IRAs.—For distributions from an individual retirement arrangement (IRA) or simplified employee pension (SEP), generally the payer is not required to compute the taxable amount. Therefore, the amounts in Boxes 1 and 2 may be the same. See Publication 590, Individual Retirement Arrangements (IRAs), and Form 8606, Nondeductible IRA Contributions, IRA Basis, and Nontaxable IRA Distributions, to determine the taxable

Death Benefit Exclusion.—If you receive a plan distribution as the beneficiary of a deceased employee, you may be entitled to a "death benefit exclusion" of up to \$5,000. See Publication 575.

Excess Distributions.—If the amount you received is more than \$117,529, you may owe an excise tax. See Form 5329, Return for Individual Retirement Arrangement and Qualified Retirement Plans Taxes.

-The total amount of the distribution. If you receive a death benefit payment that is not part of a pension, profit-sharing, or retirement plan as a beneficiary from the employer of a deceased employee, the amount will be shown in this box and Box 2, and Code 4 will be shown in Box 7. See **Publication 525**, Taxable and Nontaxable Income.

Box 2.—This part of the distribution is generally taxable and may be eligible for a special 5-year/10-year averaging method. See **Form 4972**, Tax on Lump-Sum Distributions, for more information. 5-year/10-year averaging does not apply to IRAs.

Box 3.—You may be able to elect to treat this part of the distribution as a capital gain. See the instructions for Form 1040 for information about this distribution.

-This is the amount of Federal income tax withheld on the distribution reported on this form. Include this on your income tax return as tax withheld.

Box 5.—Amounts contributed or considered contributed by the individual that were not deductible or excludable by the individual when the contribution was made (minus nontaxable amounts previously distributed) are not taxable to the individual when distributed. This box will **not** show any contributions to an IRA or SEP but will show premiums paid on commercial annuities or insurance contracts.

Box 6.—If the distribution consists in part of securities of your employer's corporation, and the distribution is a lump-sum distribution, the net unrealized appreciation in these securities is taxed only when you sell the securities unless you elect otherwise.

Box 7.—No code may be present if the amount in Box 1 is a normal distribution from a plan other than an IRA or SEP. The code(s) listed identifies the distribution you

Premature distribution (other than codes 2, 3, 4, 5, 8, 9, D, or P; see Form 5329);

1—Fremature distribution (other than codes 2, 3, 4, 5, 8, 9, 0, or F; see Form 5329, 2—Rollovers; 3—Disability; 4—Death (includes payments to a beneficiary); 5—Prohibited transactions; 6—Other; 7—Normal IRA or SEP distributions; 8—Excess contributions plus earnings/excess deferrals (and/or earnings) taxable in 1989; 9—PS 58 costs; P—Excess contributions plus earnings/excess deferrals taxable in 1988; A—Qualifies for 5-year/10-year averaging; B—Qualifies for death benefit exclusion; C—Qualifies for both A and B; D—Exess contributions plus earnings/excess deferrals taxable in 1987.

Box 8.—If you receive an annuity contract as part of a distribution, the value of the contract is not taxable when you receive it. When you receive periodic payments from the annuity contract, they are taxable at that time. If the distribution is made to more than one person, the dollar amount and the percentage of the annuity contract distributed to you are shown in this box. You will need this information if you elect the special 5-year/10-year averaging method.

If an annuity contract has been transferred to another trustee, an amount will be shown in this box and Code 2 will be shown in Box 7.

Box 9.—If the total distribution is made to more than one person, the percentage you received is shown here.

Eligible Rollover Distribution.—If this is an eligible rollover distribution, the plan administrator is required to furnish to you an explanation of the rollover provisions of the law and, if applicable, the 5-year/10-year averaging provisions. Each of these provisions could affect the amount of tax you pay on this distribution. See Publication 575, Pension and Annuity Income, for more information about these provisions.

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Excess Distributions.—If the amount you received is more than \$117,529, you may owe an excise tax. See Form 5329, Return for Individual Retirement Arrangement and Qualified Retirement Plans Taxes.

Box 1.—The total amount of the distribution. If you receive a death benefit payment that is not part of a pension, profit-sharing, or retirement plan as a beneficiary from the employer of a deceased employee, the amount will be shown in this box and Box 2, and Code 4 will be shown in Box 7. See **Publication 525**, Taxable and Nontaxable Income.

Box 2.—This part of the distribution is generally taxable and may be eligible for a special 5-year/10-year averaging method. See **Form 4972**, Tax on Lump-Sum Distributions, for more information. 5-year/10-year averaging does not apply to IRAs.

Box 3.—You may be able to elect to treat this part of the distribution as a capital gain. See the instructions for Form 1040 for information about this distribution.

Box 4.—This is the amount of Federal income tax withheld on the distribution reported on this form. Include this on your income tax return as tax withheld.

Box 5.—Amounts contributed or considered contributed by the individual that were not deductible or excludable by the individual when the contribution was made (minus nontaxable amounts previously distributed) are not taxable to the individual when distributed. This box will **not** show any contributions to an IRA or SEP but will show premiums paid on commercial annuities or insurance contracts

Box 6.—If the distribution consists in part of securities of your employer's corporation, and the distribution is a lump-sum distribution, the net unrealized appreciation in these securities is taxed only when you sell the securities unless you elect otherwise.

Box 7.—No code may be present if the amount in Box 1 is a normal distribution from a plan other than an IRA or SEP. The code(s) listed identifies the distribution you received, as follows:

1—Premature distribution (other than codes 2, 3, 4, 5, 8, 9, D, or P; see Form 5329);
2—Rollovers; 3—Disability; 4—Death (includes payments to a beneficiary);
5—Prohibited transactions; 6—Other; 7—Normal IRA or SEP distributions;
8—Excess contributions plus earnings/excess deferrals (and/or earnings) taxable in 1989; 9—PS 58 costs; P—Excess contributions plus earnings/excess deferrals taxable in 1988; A—Qualifies for 5-year/10-year averaging; B—Qualifies for death benefit exclusion; C—Qualifies for both A and B; D—Exess contributions plus earnings/excess deferrals taxable in 1987.

Box 8.—If you receive an annuity contract as part of a distribution, the value of the contract is not taxable when you receive it. When you receive periodic payments from the annuity contract, they are taxable at that time. If the distribution is made to more than one person, the dollar amount and the percentage of the annuity contract distributed to you are shown in this box. You will need this information if you elect the special 5-year/10-year averaging method.

If an annuity contract has been transferred to another trustee, an amount will be shown in this box and Code 2 will be shown in Box 7.

Box 9.--If the total distribution is made to more than one person, the percentage you received is shown here.

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Box 1.—The total amount of the distribution. If you receive a death benefit payment that is not part of a pension, profit-sharing, or retirement plan as a beneficiary from the employer of a deceased employee, the amount will be shown in this box and Box 2, and Code 4 will be shown in Box 7. See **Publication 525**, Taxable and Nontaxable Income.

Box 2.—This part of the distribution is generally taxable and may be eligible for a special 5-year/10-year averaging method. See **Form 4972**, Tax on Lump-Sum Distributions, for more information. 5-year/10-year averaging does not apply to IRAs.

Box 3.—You may be able to elect to treat this part of the distribution as a capital gain. See the instructions for Form 1040 for information about this distribution.

Box 4.—This is the amount of Federal income tax withheld on the distribution reported on this form. Include this on your income tax return as tax withheld

Box 5, --- Amounts contributed or considered contributed by the individual that were not deductible or excludable by the individual when the contribution was made (minus nontaxable amounts previously distributed) are not taxable to the individual when distributed. This box will not show any contributions to an IRA or SEP but will show premiums paid on commercial annuities or insurance contracts.

Box 6.—If the distribution consists in part of securities of your employer's corporation, and the distribution is a lump-sum distribution, the net unrealized appreciation in these securities is taxed only when you sell the securities unless you elect otherwise.

Box 7.—No code may be present if the amount in Box 1 is a normal distribution from a plan other than an IRA or SEP. The code(s) listed identifies the distribution you received, as follows:

-Premature distribution (other than codes 2, 3, 4, 5, 8, 9, D, or P; see Form 5329);

2—Rollovers; 3—Disability; 4—Death (includes payments to a beneficiarry);
5—Prohibited transactions; 6—Other; 7—Normal IRA or SEP distributions;
8—Excess contributions plus earnings/excess deferrals (and/or earnings) taxable in 1989; 9—PS 58 costs; P—Excess contributions plus earnings/excess deferrals taxable in 1988; A—Qualifies for 5-year/10-year averaging; B—Qualifies for death benefit exclusion; C—Qualifies for both A and B; D—Exess contributions plus earnings/excess deferrals taxable in 1989. earnings/excess deferrals taxable in 1987

Box 8.—If you receive an annuity contract as part of a distribution, the value of the contract is not taxable when you receive it. When you receive periodic payments from the annuity contract, they are taxable at that time. If the distribution is made to more than one person, the dollar amount and the percentage of the annuity contract distributed to you are shown in this box. You will need this information if you elect the special 5-year/10-year averaging method.

If an annuity contract has been transferred to another trustee, an amount will be shown in this box and Code 2 will be shown in Box 7.

Box 9.—If the total distribution is made to more than one person, the percentage you received is shown here.

	CORRECTED (if	checked)	
PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution \$ 2 Taxable amount \$ 3 Amount in Box 2 eligible for	OMB No. 1545-0119 Total	Distributions From Profit-Sharing Retirement Plans, lividual Retirement Arrangements Insurance Contracts, Etc.
PAYER'S Federal identification number RECIPIENT'S identification number	capital gain election \$ 5 Employee contributions or	4 Federal income tax withheld \$ 6 Net unrealized appreciation	Copy 2
RECIPIENT'S name (first, middle, last)	s 2 Employee Contributions of insurance premiums 7 Category of distribution	in employer's securities	To be filed with recipient's
Street address City, state, and ZIP code	8 Other	9 Your percentage of total	state income tax return wher
Account number (optional)	\$ % 10 State income tax withheld \$	distribution % 11 Payer's state number	required
PAYER'S name, street address, city, state, and ZIP code	CORRECTED (if		Distributions From
PAYER 5 name, street address, city, state, and zir code	\$ 2 Taxable amount \$	51000	Profit-Sharing, Retirement Plans, lividual Retirement Arrangements, Insurance
PAYER'S Federal identification number RECIPIENT'S identification number	3 Amount in Box 2 eligible for capital gain election	Recipients of 4 Federal income tax withheld \$	Contracts, Etc.
RECIPIENT'S name (first, middle, last)	5 Employee contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	Copy 2 To be filed with recipient's
Street address City, state, and ZIP code	7 Category of distribution 8 Other	9 Your percentage of total	state income tax return wher
Account number (optional)	\$ % 10 State income tax withheld		required

CORRECTED (if checked)

PAYER'S name, street address, city, sta	te, and ZIP code	1 Gross distribution		OMB No. 1545-0119	Total [Distributions From	
		 \$				Profit-Sharing, Retirement Plans, ividual Retirement Arrangements,	
		2 Taxable amount					
		\$					
				Statement for		Insurance	
		3 Amount in Box 2 eligible for		Recipients of		Contracts, Etc.	
PAYER'S Federal identification number RECIPIENT'S identification number		capital gain election		4 Federal income tax withheld			
		\$		\$			
RECIPIENT'S name (first, middle, last)		5 Employee contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		Copy 2 To be filed with	
				\$	recipient's		
Street address		7 Category of distribution				state income	
					tax return,		
City, state, and ZIP code		8 Other]	9 Your percentage of total		when	
		\$	%	distribution	%_	required.	
Account number (optional)		10 State income tax v	vithheld	11 Payer's state numbe	r	Í	
		\$					

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PAYER'S name, street address, city, sta	te, and ZIP code	1 Gross distribution \$ 2 Taxable amount				Distributions From Profit-Sharing, Retirement Plans,
		\$	ligible for	1989 Statement for Recipients of	Indi	ividual Retirement Arrangements, Insurance Contracts, Etc.
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Amount in Box 2 e capital gain election \$		4 Federal income tax v	withheld	Сору С
RECIPIENT'S name (first, middle, last)		5 Employee contribu		6 Net unrealized appre in employer's securit		For Payer For Paperwork Reduction Act
Street address		\$ 7 Category of distrib	ution	\$		Notice and instructions for completing this
City, state, and ZIP code		8 Other	%	9 Your percentage of total distribution	<i>/////////////////////////////////////</i>	form, see Instructions for Forms 1099,
Account number (optional)		10 State income tax v	vithheld	11 Payer's state numbe	er	1098, 5498, 1096, and W-2G.
Form 1099-R		- **		Department of the	Treasury -	Internal Revenue Service
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PAYER'S name, street address, city, staff		1 Gross distribution		OMB No. 1545-0119	Total [Distributions From Profit-Sharing,
		2 Taxable amount		1989		Retirement Plans, vidual Retirement Arrangements,
		3 Amount in Box 2 el		Statement for Recipients of		Insurance Contracts, Etc.
PAYER'S Federal identification number	RECIPIENT'S identification number	capital gain electio	n	4 Federal income tax w	vithheld	Copy C
RECIPIENT'S name (first, middle, last)		5 Employee contribu insurance premiun		6 Net unrealized appre in employer's securit		For Payer For Paperwork Reduction Act
Street address		7 Category of distrib	ution	\$ 		Notice and instructions for completing this
City, state, and ZIP code		8 Other	%	9 Your percentage of total distribution	%	form, see Instructions for Forms 1099, 1098, 5498,
Account number (optional)		10 State income tax w	rithheid	11 Payer's state number	r	1096, 3496, 1096, and W-2G.
Form 1099-R				Department of the	Freasury -	Internal Revenue Service
[DAYEDIS	☐ VOID	CORREC	TED	OMP No. 1545 0110	Total C	Distributions From
PAYER'S name, street address, city, stat	e, and zir code	\$ 2 Taxable amount		1989		Profit-Sharing, Retirement Plans, vidual Retirement
		\$ 3 Amount in Box 2 el	igible for	Statement for Recipients of		Arrangements, Insurance Contracts, Etc.
PAYER'S Federal identification number	RECIPIENT'S identification number	capital gain election		4 Federal income tax w	rithheld	Copy C For Payer
RECIPIENT'S name (first, middle, last)		5 Employee contributinsurance premium		6 Net unrealized appre in employer's securit	ciation ies	For Paperwork Reduction Act
Street address		7 Category of distribu	ution	\$		Notice and instructions for completing this
City, state, and ZIP code		8 Other	%	9 Your percentage of total distribution	%	form, see Instructions for Forms 1099,
Account number (optional)		10 State income tax w	ithheld	11 Payer's state number		1098, 5498, 1096, and W-2G.